

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

INSURANCE RENEWAL SYSTEM AND
METHOD

Attorney Docket Number::

020884-000310US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

13

Small Entity?::

Yes

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kurt
Middle Name:: M.
Family Name:: de Grosz
Name Suffix::
City of Residence:: Burlingame
State or Province of Residence::
Country of Residence::
Street of Mailing Address:: 1381 Hillside Circle
City of Mailing Address:: Burlingame
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: W.
Family Name:: Bair
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence::
Country of Residence::
Street of Mailing Address:: 1751 Green Street
City of Mailing Address:: San Francisco
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address:: 94123

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::